

## new jersey department of health and senior services

## **Hospital Preparedness Checklist**

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| Preparedness Subject Action |  |  |
|-----------------------------|--|--|
| 1. Str                      | ructure for planning and decision making   |  |
| •                           | An internal, multidisciplinary planning committee for influenza preparedness has been created. |  |
| •                           | A person has been designated as the influenza preparedness coordinator.                        |  |
|                             | (Insert name)  |  |
| •                           | Members of the planning committee include the following hospital staff members (insert names)  |  |
| 0                           | Administration   |  |
| 0                           | Legal counsel  |  |
| o                           | Infection control  |  |
| o                           | Hospital disaster coordinator  |  |
| 0                           | Risk management  |  |
| 0                           | Facility engineering   |  |
| 0                           | Nursing administration   |  |
| 0                           | Medical staff  |  |
| 0                           | Intensive care   |  |
| 0                           | Emergency Department   |  |
| 0                           | Laboratory services  |  |
| 0                           | Respiratory therapy  |  |
| 0                           | Psychiatry   |  |
| 0                           | Environmental services   |  |
| 0                           | Public relations   |  |
| 0                           | Security   |  |
| 0                           | Materials management   |  |
| 0                           | Staff development  |  |
| 0                           | Occupational health  |  |
| o                           | Diagnostic imaging   |  |
| o                           | Pharmacy   |  |

| 0      | Information technology  | Actions Needed |
|--------|---|----------------|
| 0      | Other members   |                |
| 0      | Other members   |                |
| •      | A state or local health department person has been identified as a committee liaison.   |                |
|        | (Insert name)   |                |
| •      | A linkage with local or regional emergency preparedness groups has been established   |                |
|        | (Planning organization)   |                |
| 2. De  | velopment of a written pandemic influenza plan  |                |
| •      | A written plan has been completed or is in progress that includes the elements listed in #3 below.  |                |
| •      | The plan specifies the circumstances under which the plan will be activated.  |                |
| •      | The plan describes the organization structure that will be used to operationalize the plan.   |                |
| •      | Responsibilities of key personnel related to executing the plan have been described.  |                |
| •      | A simulation exercise has been developed to test the effectiveness of the plan.   |                |
| •      | A simulation exercise has been performed.   |                |
|        | (Date performed)  |                |
| 3. Ele | ements of an influenza pandemic plan  |                |
| •      | A surveillance plan has been developed.   |                |
| 0      | Syndromic surveillance has been established in the emergency room.  |                |
| 0      | Criteria for distinguishing pandemic influenza is part of the syndromic surveillance plan.  |                |
| 0      | Responsibility has been assigned for reviewing global, national, regional, and local influenza activity trends and informing the pandemic influenza coordinator of evidence of an emerging problem.  (Name) |                |
| 0      | Thresholds for heightened local surveillance for pandemic influenza have been established.  |                |
| O      | A system has been created for internal review of pandemic influenza activity in patients presenting to the emergency department.  |                |
| O      | A system for monitoring for nosocomial transmission of pandemic has been implemented and tested by monitoring for non-pandemic influenza.   |                |
| •      | A communication plan has been developed.  |                |
| 0      | Responsibility for external communication has been assigned.  |                |
| ?      | Person responsible for updating public health reporting   |                |
| ?      | Clinical spokesperson for the facility  |                |
| ?      | Media spokesperson for the facility   |                |

| o    | Key points of contact outside the facility have been identified.  | Actions Needed |
|------|---|----------------|
| ?    | State health department contact   |                |
| ?    | Local health department contact   |                |
| ?    | Newspaper contact(s)  |                |
| ?    | Radio contact(s)  |                |
| ?    | Public official(s)  |                |
| 0    | A list of other healthcare facilities with whom it will be necessary to maintain communication has been established.  |                |
| o    | A meeting with local healthcare facilities has been held to discuss a communication strategy.   |                |
| o    | A plan for updating key facility personnel on a daily basis has been established.   |                |
|      | The person(s) responsible for providing these updates are:  |                |
|      |   |                |
| 0    | A system to track pandemic influenza admissions and discharges has been developed and tested by monitoring non-pandemic influenza admissions and discharges in the community. |                |
| 0    | A strategy for regularly updating clinical, ED, and outpatient staff on the status of pandemic influenza, once detected, has been established. (Responsible person)           |                |
| o    | A plan for informing patients and visitors about the level of pandemic influenza activity has been established.   |                |
| An e | education and training plan on pandemic influenza has been developed.   |                |
| 0    | Language and reading level-appropriate materials for educating all personnel about pandemic influenza and the facility's pandemic influenza plan, have been identified.       |                |
| 0    | Current and potential sites for long-distance and local education of clinicians on pandemic influenza have been identified.   |                |
| o    | Means for accessing state and federal web-based influenza training programs have been identified.   |                |
| o    | A system for tracking which personnel have completed pandemic influenza training is in place.   |                |
| 0    | A plan is in place for rapidly training non-facility staff brought in to provide patient care when the hospital reaches surge capacity.                                       |                |
|      | The following groups of healthcare personnel have received training on the facility's influenza plan:   |                |
| o    | Attending physicians  |                |
| 0    | House staff   |                |
| o    | Nursing staff   |                |
| o    | Laboratory staff  |                |
| o    | Emergency Department personnel  |                |
| o    | Outpatient personnel  |                |
| o    | Environmental Services personnel  |                |
| o    | Engineering and maintenance personnel   |                |

| O | Security personnel   | Actions Needed |
|---|--|----------------|
| 0 | Nutrition personnel  |                |
|   | A triage and admission plan has been developed.  |                |
| 0 | A specific location has been identified for triage of patients with possible pandemic influenza.   |                |
| 0 | The plan includes use of signage to direct and instruct patients with possible pandemic influenza on the triage process.   |                |
| 0 | Patients with possible pandemic influenza will be physically separated from other patients seeking medical attention.  |                |
| 0 | A system for phone triage of patients for purposes of prioritizing patients who require a medical evaluation has been developed.   |                |
| 0 | Criteria for determining which patients need a medical evaluation are in place.  |                |
| o | A method for tracking the admission and discharge of patients with pandemic influenza has been developed.  |                |
| 0 | The tracking method has been tested with non-pandemic influenza patients.  |                |
|   | A facility access plan has been developed.   |                |
| o | Criteria and protocols for closing the facility to new admissions are in place.  |                |
| o | Criteria and protocols for limiting visitors have been established.  |                |
| o | Hospital Security has had input into procedures for enforcing facility access controls.  |                |
|   | An occupational health plan has been developed.  |                |
| o | A system for rapidly delivering vaccine or antiviral prophylaxis to healthcare personnel has been developed.   |                |
| o | The system has been tested during a non-pandemic influenza season.   |                |
| 0 | A method for prioritizing healthcare personnel for receipt of vaccine or antiviral prophylaxis based on level of patient contact and personal risk for influenza complications has been established.   |                |
| o | A system for detecting symptomatic personnel before they report for duty has been developed.   |                |
| o | This system has been tested during a non-pandemic influenza period.  |                |
| 0 | A policy for managing healthcare personnel with symptoms of or documented pandemic influenza has been established. The policy considers:   |                |
| o | When personnel may return to work after having pandemic influenza  |                |
| o | When personnel who are symptomatic but well enough to work, will be permitted to continue working  |                |
| 0 | A method for furloughing or altering the work locations of personnel who are at high risk for influenza complications (e.g., pregnant women, immunocompromised healthcare workers) has been developed. |                |
| 0 | Mental health and faith-based resources who will provide counseling to personnel during a pandemic have been identified.   |                |
| 0 | A strategy for housing healthcare personnel who may be needed on-site for prolonged periods of time is in place.   |                |

| C | ) | A strategy for accommodating and supporting personnel who have child or elder care responsibilities has been developed.  |   |
|---|---|--|---|
| • |   | A vaccine and antiviral use plan has been developed.   |   |
| C | ) | A contact for obtaining influenza vaccine has been identified.   |   |
|   |   | (Name)   |   |
| C | ) | A contact for obtaining antiviral prophylaxis has been identified.   |   |
|   |   | (Name)   |   |
| C | ) | A priority list (based on HHS guidance for use of vaccines and antivirals in a pandemic when in short supply) and estimated number of patients and healthcare personnel who would be targeted for influenza vaccination or antiviral prophylaxis has been developed. |   |
| ? | • | Number of first priority personnel   |   |
| ? | , | Number of second priority personnel  |   |
| ? | , | Number of remaining personnel  |   |
| ? | • | Number of first priority patients  |   |
| ? | • | Number of second priority patients   |   |
| C | ) | A system for rapidly distributing vaccine and antivirals to patients has been developed.   |   |
| • |   | Issues related to surge capacity have been addressed.  |   |
| ( | ) | A plan is in place to address unmet staffing needs in the hospital.  |   |
| ( | ) | The minimum number and categories of personnel needed to care for a group of patients with pandemic influenza has been determined.   |   |
| ( | ) | Responsibility for assessing day-to-day clinical staffing needs during an influenza pandemic has been assigned.  |   |
|   |   | Persons responsible are: (names and/or titles)   |   |
|   |   |  |   |
|   |   |  |   |
| ( | ) | Legal counsel has reviewed emergency laws for using healthcare personnel with out-of-state licenses.   |   |
| ( | ) | Legal counsel has made sure that any insurance and other liability concerns have been resolved.  |   |
| ( | ) | Criteria for declaring a "staffing crisis" that would enable the use of emergency staffing alternatives have been defined.   |   |
| ( | ) | The plan includes linking to local and regional planning and response groups to collaborate on addressing widespread healthcare staffing shortages during a crisis.  |   |
| ( | ) | A priority list for reassignment and recruitment of personnel has been developed.  |   |
| ( | ) | A method for rapidly credentialing newly recruited personnel has been developed.   |   |
| ( | ) | Mutual AID Agreements (MAAs) and Memoranda of Understanding/Agreement (MOU/As) have been signed with other facilities that have agreed to share their staff, as needed.  |   |
| • |   | Strategies to increase bed capacity have been identified   |   |
| C | ) | A threshold has been established for canceling elective admissions and surgeries   |   |
|   |   |  | l |

| O | MOAs have been signed with facilities that would accept non-influenza patients in order to free-up bed space    |  |
|---|---|--|
| 0 | Areas of the facility that could be utilized for expanded bed space have been identified                        |  |
| 0 | The estimated patient capacity for this facility is   |  |
| 0 | Plans for expanded bed capacity have been discussed with local and regional planning groups                     |  |
| • | Anticipated durable and consumable resource needs have been determined  |  |
| 0 | A primary plan and contingency plan to address supply shortages has been developed                              |  |
| 0 | Plans for obtaining limited resources have been discussed with local and regional planning and response groups. |  |
| • | A strategy for handling increased numbers of deceased persons has been developed.                               |  |
| 0 | Plans for expanding morgue capacity have been discussed with local and regional planning groups.                |  |
| 0 | Local morticians have been involved in planning discussions.  |  |
| 0 | Mortality estimates have been used to estimate the number of body bags and shrouds.                             |  |
| 0 | Supply sources for postmortem materials have been identified.   |  |
|   |   |  |

Information Adapted from guidance provided by the Centers for Disease Control and Prevention